

SHORT TERM PROGRAM IN ENGLISH CANADA

STUDENT PROFILE

This form must be typed or printed in BLOCK LETTERS (black ink)

1. PERSONAL DATA

Family Name _____ Given Name _____
First Middle

Nickname [if any] _____

Date of Birth _____ / _____ / _____ Gender Male Female
Month Day Year
ALPHA / NUMERIC / NUMERIC

Birthplace _____ City & Country _____ Citizenship _____

Address _____ Street _____ Province/ State _____

_____ City _____ Postal Code _____

_____ Country _____ Home Tel _____
Country Code +Area Code + Number

STUDENT EMAIL ADDRESS: _____

I currently live with Father Stepfather Other _____
 Mother Stepmother Other _____

2. SIBLINGS

Name	Age	Gender	At Home?	Name	Age	Gender	At home?

3. DO YOU SMOKE? YES NO

If yes, would you agree not to smoke during your stay? YES NO
Can you live with a person who smokes? YES NO

*Please note that we do **Not** guarantee a placement in a non-smoking family*

IMPORTANT: If a student states in the application that he/she is a non-smoker, he/she must not smoke. If the student is found to be a smoker after having stated otherwise, he/she will be returned home. If the student is a smoker, he/she must comply with all smoking restrictions imposed by the host family, host school, any public or private venue, Municipal by-laws and Federal or Provincial laws.

4. DOUBLE PLACEMENTS are common with all Short Term Programs. You may share your host family with another exchange student of a different nationality. A double placement with a student who speak the same language will only take place if agreed upon by both students' parents.

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5. INTERESTS AND ACTIVITIES

■□□ = occasional activity

■■□ = regular activity

■■■ = favourite activity

□□□ SWIMMING

□□□ JOGGING

□□□ FITNESS

□□□ TENNIS

□□□ BASKETBALL

□□□ SOCCER/RUGBY

□□□ BICYCLING

□□□ MUSIC

□□□ DANCE

□□□ CONCERTS

□□□ THEATRE

□□□ MUSEUMS

□□□ PAINTING/DRAWING

□□□ CINEMA

□□□ COLLECTING

□□□ COOKING

□□□ PHOTOGRAPHY

□□□ VIDEO GAMES

□□□ CHESS

□□□ READING

□□□ PETS/ANIMALS

5. WHAT IS YOUR RELIGIOUS AFFILIATION?

How often do you participate in religious activities?

daily

weekly

occasionally

rarely

Would you be willing to attend services with your host family if they are from a different faith?

YES NO

Would you be willing to miss attending your own religious services during your stay?

YES NO

7. ARE THERE ANY SPECIAL CIRCUMSTANCES ABOUT THE STUDENT THAT SHOULD BE KNOWN BY THE REPRESENTATIVE ABROAD? e.g. fear of dogs; heights or likes to fall asleep with music on ... etc. YES NO

If YES, please provide DETAILED explanation:

8. CAN YOU LIVE WITH PETS?

YES NO

If NO, please provide DETAILED explanation:

9. DO YOU HAVE ANY SPECIAL DIETARY REQUIREMENTS?

YES NO

If yes, please specify:

10. PLEASE TELL US ABOUT YOUR SINGLE MOST IMPORTANT INTEREST OR ACTIVITY, IN WHICH YOU PARTICIPATE.

11. DO YOU HOPE TO PARTICIPATE IN SPORTS PROGRAMS?

YES NO

If yes, please specify: _____

12. DO YOU SING OR PLAY A MUSICAL INSTRUMENT?

YES NO

If yes, please specify: _____

13. HOW WOULD YOU DESCRIBE YOURSELF?

shy

sociable

highly sociable

musical

athletic

studious

artistic

other _____

PARENTS INFORMATION PAGE

To be completed by the participants parents

Please type or print legibly in **black** ink

Father's Full Name	Mother's Full Name
Please provide full LEGAL name as it appears on passport or official identification.	Please provide full LEGAL name as it appears on passport or official identification.
Date of Birth _____ / _____ / _____ Month / Day / Year ALPHA / NUMERIC / NUMERIC	Date of Birth _____ / _____ / _____ Month / Day / Year ALPHA / NUMERIC / NUMERIC
Place of Birth Address _____	Place of Birth Address _____ <i>If same as Father check here</i> <input type="radio"/>
Street _____	Street _____
City _____	City _____
Prov. / Dep. / State _____ Postal Code _____	Prov. / Dep. / State _____ Postal Code _____
Country _____	Country _____
Home Telephone Number _____	Home Telephone Number _____
Mobile-Cellular Telephone Number (Father's) _____	Mobile-Cellular Telephone Number (Mother's) _____
Work Information	Work Information
Occupation / Title _____	Occupation / Title _____
Work Telephone Number _____	Work Telephone Number _____
E-mail Address _____	E-mail Address _____
DO YOU SPEAK ENGLISH? <input type="radio"/> YES <input type="radio"/> NO	DO YOU SPEAK ENGLISH? <input type="radio"/> YES <input type="radio"/> NO

MINOR STUDENT LIVES WITH: mother father both Other _____

Who has LEGAL CUSTODY of the Minor Student? mother father Both Other _____

***If anyone other than the natural birth parents has custody of the minor student, proof will be required for the student visa application. If either of the natural parents is deceased, a copy of the death certificate will be required to prove that the remaining parent has sole custody of the student.

SHORT TERM PROGRAM

HEALTH FORM & MEDICAL RELEASE

To be completed and signed by the student's parents or doctor

STUDENT'S NAME _____ Height _____ m. _____ cm. Weight _____ kg.

1. Does the applicant have any chronic condition such as serious allergies, diabetes, enuresis, epilepsy? YES NO
 If yes, please use reverse side of this form to elaborate
2. If seriously allergic to cats/dogs, would it be a problem for the applicant to live in a household where pets are always outside? YES NO
3. Does the applicant have any physical handicap? YES NO
 If yes, please use reverse side of this form to elaborate
4. Has the applicant ever had major surgery, a serious accident, or serious illness? YES NO
 If yes, please use reverse side of this form to elaborate
5. Does he/she have any psychological, nervous or eating disorders? YES NO
 If yes, please use reverse side of this form to elaborate
5. Will the applicant be taking any medication or treatment during his/her stay? YES NO
 If yes, please use reverse side of this form to elaborate
6. Are there any activities or sports discouraged for medical reasons? YES NO
 If yes, please use reverse side of this form to elaborate
7. What is your opinion of the applicant's health?
 excellent good fair poor

Please use reverse side of this form to elaborate, if required.

Please sign the release below without deletions or additions. In case of a serious illness or accident, CLC (Culture Language Club) Inc. will contact the parents as soon as possible.

RELEASE

Being a parent or legal guardian of the applicant, I declare that the above information is correct and that nothing has been omitted. I hereby authorize CLC (Culture Language Club) Inc. and ..their North American representatives and the host family to make on our behalf any decisions concerning medical, dental, or surgical treatment required by the applicant during his/her travel and stay.

This document shall be presented to a physician, dentist, or appropriate hospital representative when necessary.

Please circle appropriate designation: Father Mother Guardian

Name _____

(printed)

Address _____ City _____

Prov/ State _____ Postal Code _____ COUNTRY _____

Signature _____ Date _____



SHORT TERM PROGRAM

STANDARDS OF CONDUCT & AUTHORIZATION

To be read, signed and dated by the student and both parents or legal guardians

General Rules

If a student is arrested, or if it is reliably confirmed that the student has acted illegally, program sponsorship will be revoked, resulting in an early return as soon as legally possible to the home country at the expense of the student's parents.

1. Drinking of alcoholic beverages, including beer and wine, is not permitted while on the program and is illegal for all persons under 18 years of age.
2. **If a student has stated in the application that he/she is a non-smoker, he/she must not smoke while in the host country. If the student is found to be a smoker after having stated otherwise, he/she may be returned home. If the student is a smoker, he /she must comply with all smoking restrictions imposed by the Host Family, host school, any public or private venue, Municipal by-laws and Federal or Provincial laws.**
3. The student must not buy, sell, possess or use illegal drugs of any kind or use any controlled drugs, unless prescribed for him/her by a physician or other health professional. If the student is taking prescription drugs, the name, dosage and duration of use for each drug must be listed on the Health form. The student must not associate with any persons involved in illegal drug taking or drug trafficking.
4. Students must not commit or take part in any act of violence against another person or property.
5. Shoplifting and theft are illegal and may lead to criminal charges.
6. Students are not permitted to operate any motorized vehicle. Driving a car without a valid driver's license is illegal.

Host Family Participation

All Host Families are volunteers and receive minimum compensation for hosting exchange students. Host Families participate in the Program because of their sincere desire to have a cross-cultural experience and learn about other cultures while sharing their way of life.

1. No guarantee is made with regard to placement with a particular kind of Host Family (for example, with a teenager in the home).
2. A private bedroom is not guaranteed. Only a separate bed is guaranteed.
3. The student must comply with all reasonable rules of the Host Family (e.g. curfews, household chores, visitors, phone calls, etc.).
4. The student must keep the Host Family informed at all times of his/her whereabouts, with whom he/she is associating, and times of departure from and return to the Host Family's home.
5. The student must not borrow money from the Host Family or from any other source. Natural parents must supply the student with an adequate amount of spending money at all times, normally \$200 - \$300 per month.

Agreement to abide by the Short Term Program

: Standards of Conduct

We, the undersigned (student and parents/legal guardians), have read and understand all of the above stated in the Short Term Program Standards of Conduct. I, the student, agree to obey the Standards of Conduct and all conditions of participation in the Short Term Program. We, the parents, agree that our son/daughter will obey the Standards of Conduct. We understand that violation of these Standards of Conduct may lead to disciplinary action and possible termination from the Short Term Program, which may result in an early return to the home country at the parent's expense and with no refund of program fees.

: Authorization

We the undersigned (parents/legal guardians), authorize our child to travel within the guidelines as established in the Short Term Program Standards of Conduct and accept full responsibility for our child's participation in any approved travel activities and agree to indemnify and hold harmless CLC (Culture Language Club) Inc and its Overseas Partners and their designated agents/representatives from any claims and/or liability to third parties arising from our child's participation. We also understand that our child must return to the home country on or before the expiration date determined by Hosting Country's Immigration authorities upon entry into that country.

It is understood that this Authorization is signed in advance and eliminates the necessity of obtaining our signatures at the time of any Short Term Program-approved travel for the duration of our child's participation in the Short Term Program.

Signature of the father/legal guardian

Print father's/legal guardian's full name

Date

Signature of the mother/legal guardian

Print mother's/legal guardian's full name

Date

Signature of student

Print student's full name

Date